

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Type or print in ink.

☐ Amendment

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>02/28/2010</u> through <u>05/18/2010</u>	Date of election if applicable: (Month, Day, Year) _____	Date Stamp	CALIFORNIA FORM 461
			1/4
			For Official Use Only

1. Name and Address Of Filer

NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)
HAMPTON, BOB J.

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

TAFT CA 93268
RESPONSIBLE OFFICER AREA CODE/DAYTIME PHONE

(If filer is other than an individual)

Bob Hampton

2. Nature and Interests of Filer (Complete each applicable section.)

☐ A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

☐ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☐ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 15752.00
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 15752.00
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 28400.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 44152.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/19/2010 By Bob Hampton
DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

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MAJOR DONOR COMMITTEE STATEMENT

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through <u>05/18/2010</u>	
2/4	

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NAME OF FILER

HAMPTON,BOB J.

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
03/03/2010	Jean Fuller for Senate 2010 ID: Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Fuller Jean State Senator Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	3900.00	Calendar Year \$ <u>3900.00</u> Other \$ <u>0.00</u>
03/15/2010	Steve Perez for Supervisor ID: Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Perez Steve Other -- Supervisor County -- Kern County Kern County NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1000.00	Calendar Year \$ <u>1000.00</u> Other \$ <u>0.00</u>
03/16/2010	Carly for California ID: Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Fiorina Carly Other -- Senator Other -- United States United States NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	250.00	Calendar Year \$ <u>250.00</u> Other \$ <u>0.00</u>
03/18/2010	Grove for Assembly ID: Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Shannon Grove State Assembly Person Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1000.00	Calendar Year \$ <u>1000.00</u> Other \$ <u>0.00</u>
SUBTOTAL \$						

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DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
03/23/2010	Carly for California ID: Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Fiorina Carly Other -- Senator Other -- United States United States NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2400.00	Calendar Year \$ <u>2650.00</u> Other \$ <u>0.00</u>
04/21/2010	Friends of Tom Harman ID: Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Tom Harman Attorney General Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1000.00	Calendar Year \$ <u>1200.00</u> Other \$ <u>0.00</u>
04/21/2010	Meg Whitman for Governor 2010 ID: Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Meg Whitman Governor Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1000.00	Calendar Year \$ <u>1000.00</u> Other \$ <u>0.00</u>
03/19/2010	Pete Parra for Assembly ID: Reference No:	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Food for recepti - on	Pete Parra State Assembly Person Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1202.00	Calendar Year \$ <u>2202.00</u> Other \$ <u>0.00</u>
SUBTOTAL \$						

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04/23/2010	Grove for Assembly ID: Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Shannon Grove State Assembly Person Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	500.00	Calendar Year \$ 1500.00 Other \$ 0.00
05/18/2010	Meg Whitman for Governor 2010 ID: Reference No:	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Food and beverag - es for reception	Meg Whitman Governor Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	3500.00	Calendar Year \$ 4500.00 Other \$ 0.00

SUBTOTAL \$ 15752.00

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660